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Agenda item 7

QUESTION OF THE REALIZATION IN ALL COUNTRIES OF THE ECONOMIC, SOCIAL AND CULTURAL RIGHTS CONTAINED IN THE UNIVERSAL DECLARATION OF HUMAN RIGHTS AND IN THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS, AND STUDY OF SPECIAL PROBLEMS WHICH THE DEVELOPING COUNTRIES FACE IN THEIR EFFORTS TO ACHIEVE THESE HUMAN RIGHTS, INCLUDING: PROBLEMS RELATED TO THE RIGHT TO ENJOY AN ADEQUATE STANDARD OF LIVING; FOREIGN DEBT, ECONOMIC ADJUSTMENT POLICIES AND THEIR EFFECTS ON THE FULL ENJOYMENT OF HUMAN RIGHTS AND, IN PARTICULAR, ON THE IMPLEMENTATION OF THE DECLARATION ON THE RIGHT TO DEVELOPMENT.

Note verbale dated 16 January 1995 from the Permanent Mission of Iraq to the United Nations Office at Geneva addressed to the Centre for Human Rights

The Permanent Mission of the Republic of Iraq to the United Nations Office in Geneva presents its compliments to the Centre for Human Rights and has the honour to enclose herewith a study entitled "The impact of the blockage on Iraq".

The Centre for Human Rights is kindly requested to consider this study as a document under agenda item 7 of the fifty-first session of the Commission on Human Rights.

GE.95-11239

Study On

The Impact of the Blockade on Iraq

1. On internal medicine services
2. On children with malignancy
3. On health services.
4. On drug supplies.
5. On nuclear medicine services.
6. On cancer patients.

Submitted by the Government of Iraq to the (51st) Session of the UN Human Rights Commission

On Item 7

THE IMPACT OF THE SANCTIONS ON INTERNAL MEDICINE SERVICES IN IRAQ

The health care available in many parts of the world is significantly inferior to that available in North America and Western Europe. Many conditions go undiagnosed and untreated in these parts. The two primary reasons for these diminished health care conditions are capital constrain and lack of educational awareness. But here in Iraq it is not the awareness but the "Educational Blockade", which has been imposed on Iraq. Medical equipment need services, training and spare parts.

The impact of the sanctions on the health care is very serious and grave :

1- The capital constrain with reduced budget.

2- Partial utilization of the already squeezed Budget of health care, because of the blockade on the import which has led to serious shortage in drugs and other life saving measures and medical equipment. Even a number of shipments of medicines ordered and paid for prior to August 1990 has not been delivered.

3- Reduction in the number of hospitals beds available per capita of population in addition to reduced bed occupancy to 25-30%.

4- Lower nutritional status of the community which has led to increased morbidity and mortality.

5- Insecure local environment with its increase effect and added strains on the community plus lack of vaccines and irregular immunization programmes which has led to appalling increase in the morbidity and mortality from infections diseases.

6- <u>Delayed or Misdiagnoses</u>

a- Because of delayed attendance for consultations due to lack of very high cost of transportation.

b- Lack of facilities for laboratory investigations to do minimum tests available for daily routine manual methods, let alone the absence of advanced methods which are not performed in the country. Those who can afford has to travel abroad to do these investigations.

c- Lack of X-Ray Films, Developers and dyes with break down of X-ray machines and other equipment due to lack of spare parts and inadequate maintenance.

d- Lack of Endoscopies with lack of newer Endoscopic procedures and other non invasive methods.

e- Lack of new ultrasounds and echocardiography equipment.

f- Lack and break down of cardic cath. laboratories with the long waiting list of patients.

g- C.A.T. Scan : no C.A.T. Scan available in the town.

h- Magnetic Resonance Imaging is a dream.

So for diagnosis we are back to the era where we have to use our clinical sense and experience deprived of the new technology in medicine with frequent delayed or misdiagnosis.

7- THE TREATMENT

The dilemma of the doctor and the patient starts when we have labeled the disease with a name i.e. the diagnosis waiting hopefully for the treatment to relieve the patient's suffering or to cure his disease, with drugs adequate in quantity and quality, but in vain. Then we have to be satisfied with the nearest alternative and the minimum possible dose. Here the health care system rightly has introduced drug rationing.

8- "DRUG RATION":

Drug rationing is to secure the supply of drugs to those with chronic diseases, i.e. drugs for Cardio Vascular System (C.V.S), Indocrine disease, Peptic ulcer, Bronchial authma, etc. , with a cheap subsidised price, a very noble good policy which ensure the treatment to be continued, in spite of few defects:

1- The process of organizing the chronic diseases certificate is rather tedious for some patients, there is a gap between immediate

diagnosis and immediate requirement of the patient "which might be urgent", and the supply of the drug through the certificate.

2- The treatment has to be changed according to the alternative drugs available.

3- The dose has to be reduced by the centre because of the reduced storage, and sometimes has to be cut altogether.

9- DRUGS IN PRIVATE PHARMACIES:

The Ministry of Health is the only body responsible for drug importation and distribution. Because of the low amount of imported drugs or insufficient amount manufactured, the supply of the drugs to the private pharmacies (other than the items included in the chronicillness certificate) is not enough and here is the problem with those patients, obtaining the drug in lower quantities with rather higher prices. So you can imagine how this lack of drugs lead to increased suffering with increased morbidity and mortality rates.

10- Embargo and its effect on Educational and Medical Experience:

1- Lack of medical journals, papers, periodicals, literature and recent published books.

2- Lack of attendance to the medical conferences abroad.

a: No Hard Currency.
b: No Visa Issued.

3- Lack of visiting experties to the country who used to come for teaching, consultation, do surgical procedures and attend local medical conferences.

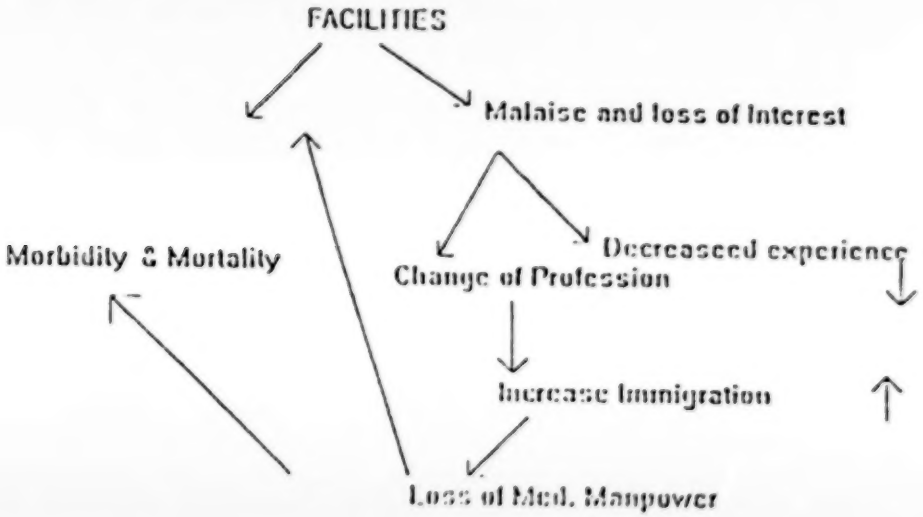
4- No scholarships for postgraduate studies, refresher and training courses.

11- EXAMPLES: of some Diseases and Sanctions.

1- INFECTIONS.
2- HEPATITIS.
3- PEPTIC ULCER.
4- RESPIRATORY DISEASES.
5- ENDOCRINE & METABOLIC DISEASES.
6- RENAL DISEASES.
7- DISEASES OF NERVOUS SYSTEM & PSYCHIATRIC DISEASES.
8-MALIGANT DISEASES. ((CHEMOTHERAPY&RADIOTHERAPY))
9- DISEASES OF CARDIO VASCULAR SYSTEM.

a- CONGENITAL HEART DISEASES.
b- RHEUMATIC FEVER & RHEUMATIC HEART DISEASES.
c- HYPERTENSION.
d- ISCHEMIC HEART DISEASES.
e- HEART FAILURE.

12- EXPECTATIONS:



13- CONCLUSION:

Here we are, before the sanctions with a very good National Health Care System with advanced medical technology which was almost free and available to everybody in the country, to almost collapsed Health Care System with increased morbidity and mortality rates which is expected to last for years to come even if the blockade is lifted today.

The health aspects of Iraqi children are severely affected by the embargo. The impact included the nutritional. Preventive, diagnostic therapeutic. and psychological aspects of children.

Children with malignancy are among those who suffered at most from the embargo. To demonstrate this effect, we will take the acute lymphocytic leukemia as an example because it is the most common malignancy in children and it is the first neoplasm in which the cure was achieved with the longest survival rate.

Basically in this study we will compare between the outcome of those children befor and after embargo. the year of aggression (1991, will not be included because of the problems in transportation, the relocations of some families, etc.

The parameters studied are : the number of the new pateints. the relapsing rate (Recurrence of the disease I in term of systemic and extramedullary (out side the bone marrow , and the mortality rate. The children studied are those who attain Saeldam teaching hospital for children.

The study revealed a progressive increase in the number of the new pateints after the embargo through the successive years, (table 1)

Table 1

Year	1990	1992	1993	1994 (first 6months)
No. of new cases	10	47	75	47
percent		470%	750%	940%

For the systemic relapse, a similar result was obtained in term of increase in the rate of relapse, as we see from (table 2)

Table 2

Year	1990	1992	1993	1994 (first 6 months,
No. of relapse	19	58	75	45
percent		300%	400%	470%

The extramedullary relapse (outside the bone marrow) revealed a similar result with a continuous increase in the number of patcints who l over the years during embargo. (table 3)

Table 3

Year	1990	1992	1993	1994 (first 6 months)
No. of relapse	5	19	27	19
Percent	100%	380%	540%	760%

The mortality rate also increased. as we see from (table 4).

Table 4

Year	1990	1992	1993	1994 (first 6 months)
No. of death	20	33	35	20
percent	100%	160%	175%	200%

The results obtained in this study regarding the outcome of children with acute leukemia are highly significant in comparison between the embargo years and the year before in all parameters which indicate a continuous deterioration in the health of our children as a result of unjustified embargo .

IMPACT OF THE SANCTIONS ON HEALTH SERVICES IN IRAQ

The aggressive war on Iraq in 1991 brought about massive destruction in many elements of the country's physical and service infrastructure. The most immediate consequence was the environment. there are reported outbreaks of cholera and of other infectious diseases. these communicable diseases which Iraq succeeded to eradicate are now widespread. According to the World Health Organization, Harvard Study Team and the Unicef, the rate of mortality is 6-8 times greater than before the outset of the war.. These may include but in no way limited to: ((Typhoid, Paratyphoid, Dysentery, Hepatitis and Poliomyelitis)).

1- Medical Supplies:-

It has frequently been announced by the United Nations that foodstuffs and medicines are exempted from the Sanction Resolutions. Yet, the following examples bear abundant evidence that medicine embargo is still in effect if not on the increase and that it is targeted mostly against the people of Iraq.

a) We attach herewith a copy of the telex sent by the British B. Wellcome Drug Company. It is self-explanatory. It was received from Britain; a country which claims it promotes and advocates human rights. The telex informed us of the British Government's disapproval for the export of Angised tablets to Iraq. These tablets are normally used for the treatment of Angina pectoris. They are very important as are of life-sustaining drugs, without which a patient has no or little opportunity for survival. Iraq has already paid US $ 150,000 for the supply of 150,000 bottles of the drug. The quantity asked for accounts for only 20 percent of Iraq's annual needs. Yet, the British Government did not allow the export of the drug. It said it contained glycerin trinitrate and there was likelihood that Iraq might use this substance making bombs!! Everyone with special medical knowledge knows that this substance is made in the form of tablets and that it contains less than a milligram of it, and if Iraq, for the sake of argument, has ordered hundreds of tons of the substance, a quantity that takes several years for the Company to produce, then it wouldn't be possible for Iraq to develop even one bomb.

b) The second case in point is the letter addressed by the Ministry of Health to the Atomic Energy Agency in Vienna for the supply of radio-active isotopes for the treatment of cancerous diseases. The

Agency told us that it had used its influence to obtain the isotopes from the manufacturing company but nothing happened in effect. If this kind of dealing is of any indication, it reveals a blatant desire to maintain the sanctions imposed on Iraq and to further increase the rate of deaths among the patients. The supply of the isotopes have been suspended since August 1990 in spite of the fact that Iraq has already paid their costs.

c) International inspection teams have destroyed all the available quantities of Ammonium Nitrate, a substance used locally for the production of Nitrous Oxide in large cylinders. This anesthetic agent proved to be highly affective for the cases of difficult deliveries that need cesarean section operations. When manufactured locally it is more economical than the ones imported from abroad as they come in large cylinders and send by air. It followed that a severe and a cute shortage of this preparation had been reported in ante-natal hospitals with a consequent deaths of pregnant women or of the foetus in the wombs. The Unicef representative in Baghdad was formally invited to be actually present to see these cases. Full with amazement he sent a telex to his organization's headquarters asking for a prompt shipment of the cylinders that contain the substance. The process has proved to be both lengthy and complicated. The required cylinders had to be sent form Copenhagen to Amman by air and form Amman to Baghdad by land. It seems they haven't realized how much time and effort it will take to respond to such a matter of great urgency. It is clearly contrary to the medical code of ethic.

2- There are many other examples in support of our claim. It goes without saying that with the lack of life-sustaining drugs no quality medical care can be provided properly. It is the allied countries which try, from time to time, to obstruct the delivery of medical supplies on which the patients continued existence depend. They adopted a far more uncompromising attitude when they turned down a proposal to unfreeze Iraq's assets held in foreign banks for the purchase of medicines and health supplies. Every time they asked to do so they gave and indeed still giving numerous excuses for being more of a hindrance than a help. They began to ask such amusingly foolish questions as : ((What is the quantity required? What is your annual need? How much of the medicines asked for have you already dispensed? What is the rate of morbidity? Are the documents duly signed? Has our representative

in Baghdad ratified them? All these questions and many others have one underlying purpose; to delay any shipment of medicines to Iraq.

3- Between January and August 1990 Iraq paid more than 56 million dollars in cash to different companies in Germany, Britain, Japan, USA, and Italy for the supply of medicines. However, a large number of the contracts negotiated and signed with these companies had not been executed. This happened in spite of our repeated confirmations and of the talks held with the companies' representatives in Geneva in 1992 under the supervision of the International Committee of the Red Cross. The delegates indicated that Iraq's goods had been withheld for the time being and that they all desire to deal with Iraq but they had instructions from their respective governments not to send the goods to Iraq!.

4- The prevalence of malnutrition among the infants, lactating mothers and pregnant women together with the acute shortage of baby formula have diminished the children's resistance to diseases. This condition of not getting enough food or enough of the right kind of food has had a profoundly adverse impact on the health of pregnant women and lactating mothers. Hence, there has been a sudden and striking incidence of low birth weight babies (less than 2.5 kg.) or of feeding difficulties. If we take these two factors combined they would eventually lead to further complications or even death.

5- preceding form above, the number of deaths between August 1990 and March 1994, as a result of the international sanctions and of other reasons; direct indirect, has totalled 431,093 of which 153,448 for the children under five years of age and 277,645 for the five age group and above. Besides, the functioning of the medical system in general has been severely and tremendously effected.

THE IMPACT OF THE SANCTIONS ON DRUG SUPPLIES

There are three factors influencing the treatment of patients: Medical personnel, Equipments and Medical Supplies for diagnosis and thirdly drugs. This is a fact no body can deny. Therefore, any disturbance o or lack in one of these three elements will have negative reflexes on the social, economical, mental and physical aspects of the patient.

Drugs like antibiotics play a significant role in both the curative and preventive processes of treatment because they are prescribed and used in many diseases and surgical operations.

The impact of the sanctions affected health services all over the country due to the shortage of drugs and medical supplies. The reduction of drug supplies as well as the infected environment, malnutrition, unclean water supply, all these factors helped many diseases to spread out and make the situation even wors.

The figures and data mentioned in this paper are supplied by official sources concerning the amount of drug supplies to both sectors (Governmental and private)

OBJECTIVES:

1- To demonstrate the effects of drug shortage due to the sanctions on health services.
2- To demonstrate the effects of continuos sanctions on the prevalence of diseases.
3- To give a comparison between the rate per person of drugs used for communicable and chronic diseases before and after the sanctions.

MATERIALS AND METHODS:

The scope of work was to investigate in three main issues in order to find the relationship between these elements " population, disease, and drugs" to reach the objectives.

1- Select the total number of patients attacked in each of eight communicable diseases: (Measles Pneumonia, Cholera, Typhoid, Amebiasis, Mentingitis, Baghdad boil and Malta fever.) and Calculate the need of antibiotics per person.
2- Select the total number of patients attacked in each of three main chronic diseases "Diabetes, Cardiovascular, and Hypertension," to

compare the share of each patient of the drugs distributed for these particular diseases before and after the embargo.

3- To find the rate of increase in selected communicable and chronic diseases compared with the increased rate of population.

4- 1989 was considered as standard year.

RESULTS:

1- There was a sharp decline in antibiotics supply per individual during the sanctions years 90-93 , compared with the year 1989 .e.g. rate of decrease in No. of capsules was 33% for 1990 & jumped to 48% for 1993. Also for parenterals the percentage of decrease was 60% in 1993. The reduction of liquid forms of antibiotics reached to 67% for 1992.

2- There was a huge increase in the prevalence of communicable diseases according to table I e.g. measles 100% increase for 1991 & raised to 203% for 1992. The No. of patients in case of pneumonia reached 234% for 1991, also Typhoid cases showed 850% increase in 1991 & 1060% for 1993.

3- The data collected for chronic diseases indicate drastic prevalence in No. of cases with drastic shortages & no availability of drugs used for their treatment during the sanction e.g. in case of diabetic patients the rate of medication decreased to 34% in 1991 & 25% in 1993 according to table II.

Cardio-Vascular diseases, the percent in reduction of drugs related to these diseases was 29% in 1991, as well as for hypertension the decrease was estimated at 40% in 1991.

In analyzing the data presented in tables I, II, III, we could easily find the gap between the number of patients, Prevalence of diseases and drug distributions. No one can doubt the seriousness of this problem which afflicts millions of human beings if the sanctions will continue.

DISCUSSION:

The document shown assesses the nature and magnitude of the health problem which the nation is facing with the continuation of the sanctions: Reduction in drug supplies, increase of diseases will definitely influence the planning and development of the health services in Iraq. So the issue of treating patients in the right way and right doses with right diagnosis will be obscured and as a result, patients will always be the victims of the sanctions.

CONCLUSION and RECOMMENDATIONS:

Although importation of drugs and medical supplies are not prohibited according to UN Security Council resolutions we found big difficulties in importing drugs because of great unjustified policies applied by drug supply companies and through political pressure of their governments which added a new factor to our bad situation for maintaining our needs of drugs and poor medical supplies in order to serve our patients in health centers to the minimum requirements:

- Consumption of drugs increased after 1990 because of the population increase, polluted environment, polluted water, bad health care and malnutrition, all were reflected on a drastic increase in communicable and chronic diseases.

To justify the case with all the information and facts mentioned in this paper, we easily conclude that there is a dilemma in Iraq and a complete negligence of human rights. The existing condition due to the sanctions will deteriorate our national health system and lead us to a fearful and worried speculations in health services and nutritional problems for the whole nation.

The embargo needs vital movement today from all nations and organizations to rescue a nation with a population of 20 millions from the greatest crime of the twentieth century, which certainly leaves millions of Iraqi children and elderly people affected by the sanction with no proper nutrition, medicine or baby milk.

It is the responsibility of the whole nations and human right organizations & individuals to start moving to play a bigger role in utilizing all measures, efforts, pressures and potentials to help lifting this inhuman sanction.

At the end, I hope we have succeeded in our demonstration that the scopes of the sanctions really have a wide effect on our health services which directly influence the curative and health care and consequently on the prevalence of diseases and suffering of sick people, which should be condemned by all people who believe in and serve the cause of human rights and justice.

EFFECTS OF BLOCKADE ON NUCLEAR MEDICINE SERVICES IN IRAQ

The potential of nuclear medicine services the management of diseases was expanding rapidly in Iraq during the last two decades . These services are performed in many nuclear medicine departments in hospitals in addition to private radioimmunoassay, (RIA) laboratories . Nuclear medicine techniques help in providing the information required to treat. or manage specific clinical problems of interest .

Nuclear medicine services need the availability of radionuclide generators ; radiopharmaceutical and RIA kits : radioisotopes therapy, doses; and several appliances including Scintillation devices and accessories . Continuos maintenance and spare parts are essential in routine nuclear medicine works . Most of these items are supplied by foreign companies. The blockade which was imposed on Iraq has prevented supplying these items concerning nuclear medicine activities . This decision , undoubtedly medicine works had a serious effects on nuclear and it destroyed the plan of development of nuclear medicine in Iraq . This is certainly. discordant with all international and religious laws .

The main intent of this report is to establish an awareness among our colleges , guests , and the representatives of international organizations of the serious effect of blockade on nuclear medicine services in Iraq . The report will discuss , briefly ! these effects which are divided into four main categories :

1- The effect on nuclear medicine instruments :

Gamma Camera is the principle device of clinical investigation for imaging radioactivity, distribution in vivo and is the only device used in each department . Sixteen gamma cameras were distributed in six nuclear medicine departments throughout the country . Eleven of these are out of work due to lack of spare parts and maintenance . While the other four cameras are working improperly . also the blockade has prevented importantion and installation of two new gamma cameras by foreign company
(table 1).
This situation has almost paralyzed the work of nuclear medicine in the country .

2- The effect on radiopharmaceutical and RIA kits :

A large number of radiopharmaceuticals have been employed in imaging of body organs . Technetium 99m eluted from molybdenum 99-technetium 99m generator supplied weekly by Amersham Company was the radioisotope of choice in performance of different scintigraphic studies . Thallium 201 (Tl-201) radioisotope is currently used for myocardial perfusion imaging . It has been proven that Tl-201 imaging is an extremely sensitive method for the detection of coronary artery disease . RIA kits are used in measurements of serum hormones levels.

Table 2 demonstrates, clearly, the effect of blockade on the availability of these radioisotopes and kits used in nuclear tests . The comparison between the two ,years period before and after blockade showed , obviously , that the total decrease of these radioactive materials was

TABLE 1

NUCLEAR MEDICINE INSTRUMENTS

NO.	NM DEPT.	Gamma CAMERA	OUT OF WORK
1	MC	2	1
2	HRNM (B)	7	5
3	HRNM (M)	2	2
4	AMH	3	2
5	NCH	1	1
6	ATH	1	
	TOTAL	16	11

BLOCKADE RESULTANTS

1- 11 Gamma-CAMERAS OUT OF WORK
2- STOP INSTALLATION OF 2 NEW Y-CAMERAS (1991)

TABLE 2

NUCLEAR MEDICINE MATERIALS

YEAR	99-99m GEN. (NO.)	201 (mc)	^{131}I cap (ci)	Invivo kits	invitro kits
1988	312	624	35	788	1392
1989	312	624	35	788	1392
TOTAL	624	1248	70	1576	2784

Blockade Period

1990 (7 mon.)	210	360	20.5	448	812
1991	----	----	----	----	----
1992	312	416	36.5	788	1392
1993	-----	-----	-----	----	----
Total	522	776	57	1236	2204

Diff (A-B)	102	472	13	340	580
T.Dec	726	1306	86	1916	3364

Accordingly, a large number of nuclear tests were discontinued. Thousands of patients have lost the usefulness of these tests in management of their illnesses, particularly, those patients with malignant diseases.

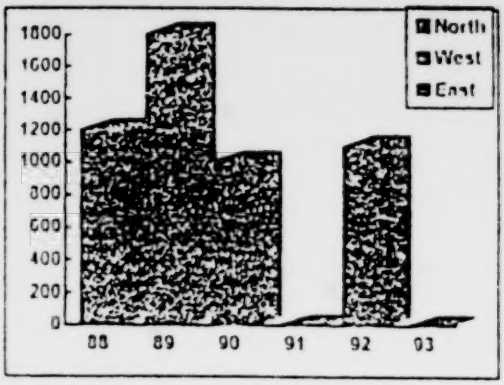
The following figures after analysis of data obtained from the Institute and Hospital of Radiology and Nuclear Medicine / Baghdad are used to show, numerically; the serious effect of blockade on nuclear tests. Fig. I shows that the total decrease in whole body bone scintigraphic studies was 3820. Fig. 2 reveals that 3444 scintigraphic studies for brain were not done. Fig. 3 Shows the reduction of liver scintigraphic studies to 3731. while radionuclide renal studies were decreased to 1164 (Fig. 4). Thyroid disorders are very common in our country. Thyroid function tests constitute the bulk of nuclear tests. The decrease in these tests during the blockade period was 45411 tests (Fig. 5).

3- The effect on radioisotopes therapy :

Radioiodine 131 I^{131} has been used widely in our country as a treatment of choice for well differentiated thyroid cancers after surgery. The ablatic.: dose of I^{131} recommended for cancers is between 50 to 150 mci. Also I^{131} is commonly used for the treatment of different types of hyperthyroidism.

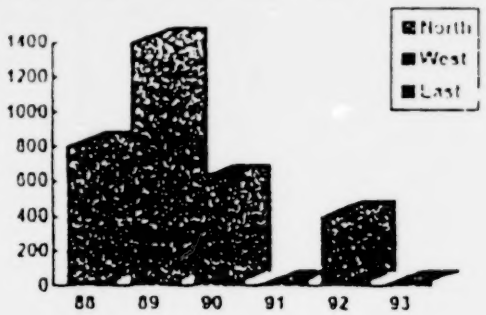
731 patients with papillary or follicular thyroid cancers were on follow up and treatment with I^{131} therapy

Fig. 1
College of Medicine
Department of Nuclear Medicine



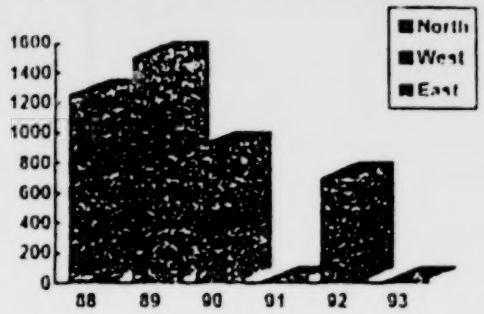
years
T Dec. 3820
Prepared by : Dr. Mohammed A.Al-Eid

Fig. 2
College of Medicine
Department of Nuclear Medicine



years
T Dec. = 3444
Prepared by : Dr. Mohammed A. Al-Eid

Fig. 3
College of Medicine
Department of Nuclear Medicine

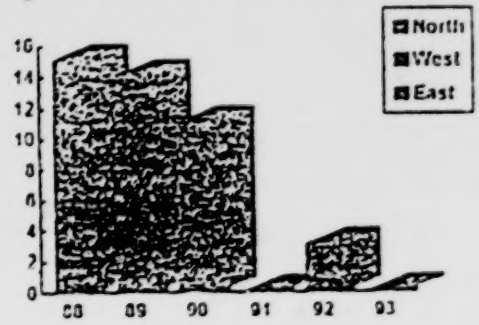


YEARS
T Dec. = 3731
Prepared by : Dr. Mohammed A.Al-Eid

Fig. 4
College of Medicine
Department of Nuclear Medicine

YEARS
T Dec.= 1164
Prepared by : Dr. Mohammed A.Al-Eid

Fig. 5
College of Medicine
Department of Nuclear Medicine



YEARS
T Dec.=45411
Thyroid (< RIA)

in the Institute and Hospital of Radiology and Nuclear medicine / Baghdad (Table3). Their treatment were discontinued periodically , due to unavailability of I^{131} doses. In analysis of data .463 patients with thyroid cancers had received I^{131} therapy before the blockade, while only 261 patients were treated by I^{131} during the Blockade Period. Therefore the number of cancer patients losing the chance of treatment was 202 (table 4) 178 patients with different types of hyperthyroidism were treated by I131 during the blockade Period (Table 5). We can judge that the blockade has a real effect on nuclear medicine therapy. Unfortunately , this effect increases the morbidity and the mortality rates among hyperthyroid and thyroid cancer patients.

Table 6 summarizes the effects of blockade on nuclear tests and I131 therapy. The total number loss of

different scintiKrapllic studies up to 1993 was 57570 , while the overall decrease including both diagnostic tests and therapy doses was 58153 .

4- The effect on training and postgraduate studies :

Really it is painful to say that all aspects of nuclear medicine education training and postgraduate studies were discontinued due to lack of teaching requirements . This has resulted in reducing the number resulted nuclear medicine specialists and well trained nuclear technicians. In summary , the blockade decision has led to several.

LABLE -4- RADIOIODINE THERAPY

Year	F	M	Total	F	M	Total	Total
1981	32	11	43	28	27	55	98
1982	8	8	16	25	22	47	63
1983	23	22	45	33	61	94	139
1984	34	23	57	58	52	110	167
1985	21	16	37	34	27	61	98
1986	19	10	29	32	18	50	79
1987	25	14	39	29	25	54	93
1988	43	16	59	62	40	102	161
1989	29	12	41	58	31	89	130
Total	234	132	366	359	303	662	1028

TOTAL 731

LABLE -4- RADIOIODINE THERAPY (Contin)
Blockade Period

Year	F	M	Total	F	M	Total	Total
1990	13	5	18	56	25	81	99
1991	---	---	---	---	—	—	—
1992	56	23	79	61	23	83	162
1993	---	---	---	---	—	—	—
Total	69	28	97	117	48	164	261

I Dec 463-261 202

TABLE -5-

RADIOIODINE THERAPY FOR HYPERTHYROIDISM

YEAR	F	M	TOTAL		
1986	104	44	148		)
1987	143	46	189		) 557
1988	94	25	119	)	)
1989	79	22	101	) 220	)
TOTAL	1063	478	1541		)

T Dec.= 379

YEAR	F	M	TOTAL
1990	79	19	97
1991	---	---	---
1992	61	20	81
1993	---	---	---
TOTAL	139	39	179

TABLE -6- BLOCKADE RESULTANTS

BLOCKADE

		(A) TN 1988-1989	(B) TN* 90 (7-mon.), 92	(B) Diff (A-B)	T Dec (A+D)	
Scint + RIA	Liver	2575	1419	1156	3731	
	Bone	2981	2142	839	3820	
	Brain	2199	954	1245	3444	
	Renal	752	340	412	1164	
	Thyroid	29145	12879	16266	45411	
TOTAL					57570	
I^{131} RX	Hyperthy	220	178	42	262	
	Carcinoma	291	261	30	321	
TOTAL					583	58153

* NO NUCL. IMAGING & THERAPY DURING (1991 & 1993)

dangerous results and effects. This decision has prevented supplying all kinds of radionuclides ; kits ! spare parts, Polaroid and X-ray films ; processing materials (developer and fixer) . Besides to ! the maintenance of instruments and installation of new gamma cameras . While the effects include the followings : nuclear medicine services became almost out of medical aids ; improper management of cancer patients; a sizable number of patients with thyroid cancers or hyperthyroidism are unable to continue their treatment by I^{131} ; and discontinued of postgraduate nuclear medicine training and studies .

Finally , everybody reading this report and attending this symposium will realize the great risks of blockade on Iraqi people health . This ! simply ! discords with the definition of health stated by WHO as follow :
"A state of complete physical ! mental and social wellbeing! and not merely the absence of disease or infirmity . The enjoyment of the highest attainable stand of health care is One of the fundamental rights of every human being without distinction of race ! religion , political belief, economic or social condition . The health of all people is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and states"

THE IMPACT OF THE SANCTIONS ON CANCER PATIENTS

Since the beginning of the sanctions on Iraq, great shortages have occurred in medical utilities and drugs in general and cancer patient services in particular. The continuos bombardments of all cities in Iraq, and the destruction of the infra structure services including communications and transport together with the continuation of sanction caused great difficulties for cancer patients to attend to the medicine centres to have the proper attention and treatment we can discuss the effects of sanction on Cancer patients under the following headings:

I. Cancer Prevention
   1. First line prevention.
   2. Second line prevention.

II. Diagnosis :
   1. Biochemical reagents.
   2. Cytological & Histopathological exams.
   3. Tumour markers.
   4. Image diagnostic facilities:
      X-ray
      C.T.scan
      N.M.R.
      Nuclear Medicine

III. Treatment of Cancer Patients:
   1. Radiotherapy
   2. Chemotherapy
   3. Hormonal Therapy
   4. Immunotherapy
   5. Clinical trials.

IV. Patients Care
V. Patients follow up.
VI. Cancer death.

I. Cancer Prevention:

1. First line prevention: During the last four years great change in type and food habit has occurred and the Iraqi cancer registry recorded a change in the frequency of colonic cancer from 1.6% in 1985 to 2.6 % in 1993 which could be attributed to food. There is also increase frequency of breast cancer in female below 30 years of age. The eradication of Bilharzias which is an important aetiological factor in cancer of the urinary bladder has been stopped due to exportation of the material used for snail eradication and absence of treatment (praziquantil)

2. Second line prevention: All cancer related check up guidelines can not be carried out at present time due to sanction as they need many essential items which are absent.

Brast Cancer: is the most common cancer among Iraqi women and the second most common cause of death due to cancer. The five year survival rate of localize breast cancer is 90% and in carcinoma in situ approximately 100% but if the tumour spread locally , the five year survival rate drops to 65%. This illustrate the importance of early detection of breast cancer and such program can not be started due to shortage in X-ray films and machine. The same is applied to early detection of bronchogenic carcinoma.

II. Cancer Diagnosis :

Diagnosis of cancer requires various investigations which may be summarized as follows:

1. biochemical test: there is shortage in various biochemical test that help in the diagnosis and staging of cancer patients particular the enzyme and some hormonal metabolites.
2. Cytological & Histopathological exam:
   There is shortage in several essential materials are.

a-ita n-pap l ke Harr s haematoxyl n, Eos n 65, Orange G 6.

b-Ethanol absolute - Alcohol 100%.

c-Reagents and K ts for mmunoperox dase sta n ng fchniques.

d-il des and cover sl des.

e-Kn ves for rotary m crotomes. and many other essent al mater als.

Table represent the supply of X-ray film, polaride Film, Fixer & Developer during the years

Mater als	1989	1991	1992	1993	1st. 6m 1994
Developer	20 set	16	8.5 set	11	1
F xer	20 set	16	6.5 set	n l	1
X-ray F lm d dd. s zes	394	147	99	43	15
Polar de F lm (X 16)	1800	n l	625	27	8

3. Tumour_markers:

These marker are mportant for d agnos s, assessment of response dur ng treatment and follow up. There are absence of most mportant ones as AfP, HCG, PiA, CEA, CA 125, Cale tonon, TiH, T4 and others.

4. Diagnostic_Image_technique:

a- X-rays there s severe shortage n X-ray f lms and polor de of var ous s ze and type and shortage n process ng mater al. ice table 1 wh ch g ve an dea about that shortage. Dur ng the lst 6 months of the year 1994 we reee ved only 3% of our actual need of X-ray f lms as compared w th year 1989. there s shortage n contrast med a as urograph n and l p odol wh ch are mportant for cancer stag ng, syr nges (d sposable) and also unava lab l ty of spare-parts requ red for ma nta n ng and repa r for X-ray, process ng mach nes and Ultra sound equ pment.

b- C.T.ican fac l t es s nearly out of order all the t me.

II. Treatment:

I. Radiotherapy_:

-mach ne: most of the rad otherapy mach nes are old and the last mach ne nstalled was n 1988, th s w ll result n ncrease of occurra of breakdown .

a- ipare parts: there s severe shortage n the spare parts of the rad otherapy mach nes wh ch result n some alterat on n the mach ne and om tt ng some essent al fac l t es , for example; var ous energ es have been om tted from the med um voltage mach ne. The X-ray fac l t es from 18 MEV l near accelerator had been itopped .

b- New sources ; due to the decay n the rad oact ve sources of the rad otherapy mach ne , these sources had to be replaced Amersham, Br t sh company d d not fulf ll the contract of supply ng two Cobalt - 60 sources. the use of these old sources w ll result n reduced dose rate and thus ncreased treatment t me and pat ent suffer ng.

e- Ma ntenance Contract: We were used to have contract w th fore gn compan es to ma nta n the rad otherapy mach nes but they have stopped the ma ntenance s nce 1990 .

ex: of compan es that d d fulf ll the ma ntenance contract of rad otherapy equ pment are :Var ans, Amer can Company. ih matzu, Japanese company i emens : German Company.

d. Installat on of new mach ne Installat on of new mach ne has stopped s nce 1990 and now we have one mach ne suppl ed part ally (Cobalt 60 un t).

B- Quality of Treatment:

a- ieveral fac l t es of equ pment have been om tted .

b- No mould room fac l t es wh ch are mportant to mprove the qual ty of rad otherapy and to reduce the amount of Rad at on to Normal sens t ve t ssue.

e- General soc al cond t on: The effect of the ianct on on the

economy, transportat on and the psychology had affected both the pat ents and the staff. The pat ent could not attend regularly for treatment (nterrupted courses). All the above ment oned factors w ll result n prolongat on of wa t ng t me and ncrease stresses on the staff. It also resulted n long work ng hours beyond those planned or contracted, rap d pat ent throughput n rad otherapy w th less ava lable t me for explanat on and for qual ty control and less attent on to such mportant act v t es as med cal aud t , cont nu ng educat on, teach ng , research and development.

2- Chemotherapy

Is the system c treatment of Cancer.

A- Drugs

a-There s shortage of 20 mportant drugs out of 31. ex. Act nomyc n D, Leukeran 2mg & 5 mg., BCNU nj., Th otepa nj., 5 fU, Calc um Leucovor n amp. & tab., Must ne, Melphalan tab., Methetroxate, Novantron, itreptozoc n, Mytomyc n C., Ifospham de, Mesna.

b-We are runn ng short of many essent al drugs for treatment of Hodgk n d sease,paed atr c sol d tumours and many other mal gane es ex: adr amyc n, Endoxan, Velbe, Bleomyc n,Etopos de.

c-New Drugs

No new drugs have been ntroduced s nce 1990 , ex: Carboplat n, Taxol, Tresulphan and others.

d-Due to the above ment oned facts we have to ;

=Restr ct the use of chemotherapy to sens t ve tumours w th rad cal ntent on.

=Change the reg me several t mes due to the non ava lab l ty of the drug dur ng the course or use of second l ne drugs w th less effect veness.

B- Other Facilities

a-Inject on fac l t es as cannula, icalpve n , needle, I.V set, I.V flu d

are severely affected by the sanct on.

b-Severe shortage of ant emet c and th s w ll ncrease pat ents morb d ty part cularly the absence of new effect ve of ant em t cs l ke Zofran or Gran setron.

c-Absence of Haemopoet c for growth factor as: GM-CiF, G-CiF, M-CiF.

C- Supportive Treatment:

There s great shortage n the follow ng support ve mater al:

a-Broad spectrum ant b ot cs as 3rd generat on Cephalos por nes and am nogly cos des.

b-No Ant fungal or Ant v ral drugs.

c- Shortage n stero ds to reduce the morb d ty of C.T.

Hormonal Treatment:

Is another system c form of treatment for hormone dependent tumors. The only ava lable hormon for breast cancer s Tamox fen and the amount suppl ed dur ng the Ist 6 months of the year 1994 s 18% of the actual need wh le other hormon are m ss ng l ke Or meten, Megestrol acetate, provera tab, Depo-provera nj. Wh le for prostat c cancer there s no s ngle hormone is ava lable even the s mplest st lbesterol, wh le the other new hormones l ke flutam de, Zol dex nj. have not been used. Hormone tab. have not been used for many years due to ts non ava lab l ty. We have shortage n Eltrox n for cases w th thyro d cancer.

Drugs	1989	1991	1992	1993	Ist 6m 1994	% of Qu act. need
Act nomyc n D	800	650	700	74	N I	
Bleomyc n 15mg	2500	1447	1200	1040	520	
Carmast ne BCNU	50	N I	20	26	N I	
Chlorambuc I 2mg tab.	53000	23275	14450	45000	N I	
C splat n 10mg	8250	4145	1105	3500	2080	
Endoxan 100mg V al	56500	33695	45400	13800	4150	
Th otepa 15mg	100	73	N I	N I	N I	
Endoxan 50mg tab.	60000	N I	6500	29000	16600	
Cytosar 100mg	600	503	250	160	483	
DTIC 100mg.	3250	2275	450	1500	1880	
Adr amyc n 10mg.	28000	10456	14000	17215	5910	
Vepes de 100mg.	1200	374	450	200	1460	
Vepes de 100mg Cap.	2200	388	N I	330	240	
5FU 250mg.	20500	11640	13000	10000	7800	
Leucovor n amp.	100	N I	200	N I	N I	
CCNU 40mg Cap.	2700	1370	750	500	600	
Must ne	470	120	N I	N I	N I	
Mulphalan 2mg	10000	4700	4800	7500	7500	
MTX 50mg V al	7000	6087	5200	4000	2193	
Mytomyc n C 10mg.	4000	330	1050	1000	150	
Natulan Cap.	20400	7500	27300	1700	600	
Novantron 20mg.	N I	310	40	900	300	
Velbe 10mg	1200	178	150	260	310	
V n cr st ne 1mg.	12250	4740	6950	5100	900	
itrepto Zotac n						

Material	1989	1991	1992	1993	Ist 6M 1994	%
D sp. iyr nges d ff. s zes	185000	39550	39450	35990	9200	
icalp Ve n Needle	24000	7400	7600	5000	4800	
I V. iet	13000	3500	2400	1000	N I	
nrg cal gloves	3000	600	600	600	600	
Folly's Catheter	2680	1000	400	690	150	
Cannula	4000	350	2500	1600	N I	

Name of Drug	1989	1991	1992	1993	Ist 6M of 1994	%
Nolvadex 10mg tab.	450000	110100	300000	300000	81000	
Provera 100mg tab.	15000	8500	1300	7100	7080	
Depo-Provera 500mg V al	150	142	N I	90	47	
Honovan Tab	3400	4950	6000	5500	N I	
Nonovan Amp.	100	90	350	70	110	
Zol dex						
it lbestrol						
Flutam do						

Immunotherapy;

No s ngle agent s ava lable n Iraq , for example; Interferon, Interluk n - 2, Monoclonal ant bod es aga nst TAA.

IV. Patient Care

1. Pa n K ller: Cancer pat ent suffer from severe pa n due pressure on nerve,

nf ltrat on, bone metastas s and they are n need of strong pa n k ller. There s absence of the strong analges c l ke Cod en, M st., Morph ne, MiT tab. and other s mple analges c.

2. Phys cal rehab l tat on :

The advance n Cancer treatment resulted n long surv val and the a m of the oncolog st s to ass st n return ng the pat ent to h s or her pretreatment status or to a state as close as poss ble to t w th severe shortage n the a ds needed for rehab l tat on .

3. Psycholog cal Rehab l tat on;

The cancer pat ent suffers from spec al and severe forms of stress, the threat of ad sab l ng d sease, mut lat on or loss by surgery of an important part of the body or death, th s requ res spec al psychatr c care.

follow Up;

Follow up of cancer pat ent s extremely important n order to p ck up early s gn of recurrence or metastas s of the d sease. It s carr ed out on regular nterval. But due to the ianct ons, the pat ents couldn't attend regularly for follow up , also the absent of tumour markers , shortage of X-ray f lms , b ochem cal reagents result n unsat sfactory follow-up and the pat ents attend only after d ssem nat on of the r d sease.

Effect on Cancer Death:

Bronchus, Breast and Ur nary Bladder, Mal gnanc es are the lead ng causes of cancer death . The total number of death due to Cancer reg stered dur ng the year 1993 n Iraq were 4481 cancer death wh le the number reg stered dur ng the year 1989 was ( ).

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Fifty-first session
Item 12 of the provisional agenda

QUESTION OF THE VIOLATION OF HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS IN ANY PART OF THE WORLD, WITH PARTICULAR REFERENCE TO COLONIAL AND OTHER DEPENDENT COUNTRIES AND TERRITORIES

Note verbale dated 19 January 1995 from the Permanent Mission of Iraq to the United Nations Office at Geneva addressed to the Centre for Human Rights

The Permanent Mission of the Republic of Iraq to the United Nations Office in Geneva presents its compliments to the Centre for Human Rights and has the honour to enclose herewith the reply of the Iraqi competent authorities to the interim report of Mr. Max van der Stoel, Special Rapporteur of the Commission on Human Rights on the situation of human rights in Iraq.

The said interim report was submitted to the forty-ninth session of the General Assembly in document A/49/651 on 8 November 1994, under agenda item 100 (c).

The Centre for Human Rights is kindly requested to transmit this reply to the fifty-first session of the Commission on Human Rights.

Reply of the Government of the Republic of Iraq to the report on the situation of human rights in Iraq submitted by the Special Rapporteur of the Commission on Human Rights to the forty-ninth session of the General Assembly of the United Nations

For adoption as an official document of the fifty-first session of the Commission on Human Rights

January 1995

I. INTRODUCTION

First of all, as on many previous occasions, the Government of Iraq affirms its wish to cooperate with both international and non-governmental human rights bodies and organizations. Based on that principle, Iraq welcomes any sincere, objective and impartial effort aimed at safeguarding, strengthening and promoting human rights in Iraq. International cooperation unquestionably plays an important role in that connection: the question of human rights in Iraq can neither be addressed one-sidedly by a person who is biased, nor considered in complete isolation from the difficult circumstances besetting it, chief among them being the unjust blanket embargo imposed on Iraq in the name of the United Nations.

How can any fair-minded person entrusted with a mission such as that of the Special Rapporteur take a stand on this serious issue of the embargo by considering it for many years to be beyond his mandate? In his new report, the Special Rapporteur again addresses the issue from a purely political point of view and disregards the ongoing effects of the embargo that can only be described as a crime of genocide, if not the crime of our age. The peculiar thing is that Mr. van der Stoel speaks of an internal blockade and yet is well aware that many of the problems raised in his report, particularly those related to foodstuffs, medication and essential needs, cannot be resolved unless the embargo is lifted.

It is striking that ever since he first assumed the title of a special rapporteur on human rights in Iraq, Mr. van der Stoel has conducted himself in a manner that is far from objective and impartial; he has adopted an antagonistic position towards Iraq by failing to observe the need to rely on dependable or accurate sources, convey information carefully and ascertain its veracity, acting instead at the political level. Mr. van der Stoel is thus a hostile party to Iraq and is clearly participating in the implementation of schemes aimed at dismembering Iraq and fragmenting its people, which is entirely incompatible with the nature of work in the field of human rights as referred to in General Assembly resolution 47/131, adopted in 1993, on strengthening of United Nations action in the field of human rights through the promotion of international cooperation and the importance of non-selectivity, impartiality and objectivity. The General Assembly emphasized that the promotion, protection and full exercise of all human rights and fundamental freedoms as legitimate concerns of the world community should be guided by the principles of non-selectivity, impartiality and objectivity and should not be used for political ends. In that connection, the General Assembly requested all human rights bodies within the United Nations system, as well as the special rapporteurs and representatives, independent experts and working groups, to take duly into account the content of that resolution in carrying out their mandates.

In his conduct and reports, Mr. van der Stoel has scarcely done any such thing. The Commission's dialogue with Iraq should be candid and genuine, and should proceed from the inhumane imposition of the embargo on Iraq. Of the United Nations bodies, the Commission should be the first to consider carefully from the humanitarian, legal and political points of view the serious effects resulting from the imposition of economic sanctions and, given their severe implications for all human rights, it should recommend the search

for a means to reduce such effects as far as possible. It is unconscionable that we should be in an era which one might call the era of human rights while at the same time using foodstuffs and medication as an offensive political weapon that destroys peoples.

II. THE SITUATION OF MISSING KUWAITIS

There is not the slightest doubt that the subject of missing persons is one outcome of the Kuwait crisis and the aggression against Iraq. Security Council resolutions 686 (1991) and 687 (1991) addressed this subject and demanded that Iraq should immediately release all persons detained by Iraq and return the remains of any deceased persons so detained. All prisoners and detainees who were in Iraq have been released and repatriated in cooperation with the International Committee of the Red Cross (ICRC). The number of persons released and handed over amounted to 6,222 between March 1991 and on 3 April 1991, the date of the adoption of Security Council resolution 687 (1991), which stipulated that Iraq should provide lists of detainees and facilitate the search by ICRC for persons still unaccounted for. As a result of those two resolutions, a series of meetings was held, first in Riyadh and later in Geneva, where in October 1991, it was decided at a meeting attended by the relevant parties to adopt the method of individual files in the search for missing Kuwaitis. The matter is therefore being dealt with according to the internationally recognized method and within the proper framework, namely ICRC. Accordingly, we first see no justification for the Special Rapporteur to involve himself in this matter, and secondly, we do not believe that his mandate extends to include the subject of missing Kuwaitis. It is also inappropriate for the Special Rapporteur to interfere in a matter being handled by competent international bodies that have made headway towards finding a solution, as well as in relations between the relevant parties under ICRC supervision. Iraq has cooperated positively with ICRC and responded to all initiatives and proposals from numerous heads of State. It also agreed to the establishment of various committees that would even comprise representatives of the Kuwaiti Parliament and demonstrated its readiness to receive such committees. These proposals, however, were rejected by the Kuwaiti side, thus confirming the underlying political purpose of raising this essentially humanitarian and technical subject, which is being used with the intention of ensuring that the economic embargo continues to be imposed against Iraq. Iraq has no interest in holding any Kuwaiti and is persisting in its efforts to bring this matter to a close in its proper context.

In that connection, we wish to state the following facts:

1. ICRC is currently requesting Iraq to reply to 609 files on missing Kuwaitis and foreigners.

2. The number of Kuwaiti, Arab and foreign nationals released and handed over under ICRC supervision amounted to 6,528 and the number of Kuwaitis handed over to ICRC amounted to 6,364. It is worth pointing out that, in Iraq, there are 4,214 Kuwaitis registered with the ICRC mission since 1991 who have expressed their desire to return to Kuwait and who are still awaiting Kuwait's agreement to their return; at 13 July 1994, Kuwait had permitted the return of only 707 individuals.

3. In confirmation of Iraq's firm approach of following the recognized international method in the search for missing persons and its earnest endeavours in that respect, on 8 June 1994, the Ministry notified ICRC that having, as far as possible, taken the necessary technical measures concerning the individual files on missing Kuwaitis and foreigners, it was ready to begin the requisite work.

4. On 26 June 1994, Iraq presented ICRC with the findings of a preliminary investigation of 71 files on missing Kuwaitis. It also processed 38 files on missing foreigners and 30 other files on "bidun". On 21 August 1994, Iraq presented ICRC with a further set of investigative findings on 19 missing person files, including information on the file of one missing Saudi Arabian. On 5 September 1994, Iraq provided ICRC with information concerning 26 files. At 12 November 1994, the number of missing person files processed by Iraq amounted to 195.

5. Representatives of our mission at Geneva attended the trilateral meeting on missing Kuwaitis, held at Geneva on 1 July 1994. At that meeting, the Iraqi delegation stressed that the findings of the Iraqi side represented only the beginning of a serious process and were as much as Iraq had been able to achieve at that point. It further stressed that the competent Iraqi authorities were continuing that work, as they would in the future, according to international principles, despite the difficulties, and that they would not be influenced by the action of hostile parties whose interests perhaps simply lay in exploiting the problem for political reasons rather than in the viable resolution of a humanitarian problem on the basis of accepted international rules and dealings with ICRC. At the conclusion of the meeting, a record was issued that mentioned Iraq's undertaking to ICRC to investigate missing persons and also underlined Iraq's continuing cooperation in that respect.

6. On 6 September 1994, Iraq attended the last meeting held at Geneva on missing Kuwaitis in which the representative of Iraq stressed four main principles: Iraq's commitment to conducting investigations in accordance with ICRC rules and practices; cooperation with ICRC as an impartial mediator in the settlement of this humanitarian question and a provider of technical assistance where necessary; that work should be carried out in full compliance with rules of confidentiality and non-politicization; and that work should be carried out jointly on a cooperative basis and on the strength of reasonably credible information, with the aim of plausibly determining the whereabouts of the persons allegedly missing.

7. During the above meeting, the ICRC representative forwarded a proposal to establish a subcommittee that would meet regularly to expedite the process of inquiry into missing persons, facilitate rapid information exchange, adopt follow-up measures, ensure their prompt implementation and sow trust among the relevant parties. Iraq and the other parties agreed to the proposal, on which basis Iraq also made a number of observations concerning the rules of procedure for the work of the aforesaid technical subcommittee. It is hoped that a meeting of the trilateral commission for missing persons will be held to adopt those rules of procedure with a view to facilitating continuation of its work.

8. Iraq is continuing its efforts to end this matter, to which it attaches exceptional importance at the highest levels. On 21 November 1994, Mr. Tariq Aziz, Deputy Prime Minister, undertook a visit to Geneva during which he met Mr. Sommaruga, President of ICRC, in the framework of those efforts.

III. THE SITUATION OF THE MARSH ARABS

This subject has already been addressed in documents A/49/394, A/47/2, A/48/875 and A/48/387-S/26424 in reply to the accusations of the Special Rapporteur. The truth is that he has added nothing new in his report contained in document A/49/651, in which he again repeats himself, relying on the same sources as in his previous reports. These sources are known for their hostile position towards Iraq, their involvement in conspiratorial schemes hatched against its leadership and their contact with the Iranian regime. The information which they supply is therefore highly dubious, particularly when it is used without being closely scrutinized and examined. In an attempt to impart credibility to the information which he obtained, the Special Rapporteur reports that he sent a mission to the south-western part of the Islamic Republic of Iran in August 1994 (A/49/651, para. 6) which obtained testimonial and documentary evidence (photographs and video-recordings). In fact, the mission referred to did not visit the camps supervised by the Office of the United Nations High Commissioner for Refugees, but a camp of the so-called Iraqi opposition supervised by the Iranian Ministry of Interior. It is astonishing that the Special Rapporteur himself points out that he relies on army deserters and those involved in what he calls the opposition to obtain information on the situation in the marsh area (A/49/651, para. 36). How can we plausibly accept such information as established fact and to what extent can it be described as credible when the Special Rapporteur is at the same time deliberately ignoring the official replies and scientific studies presented by the Government of Iraq?

In document A/49/651, paragraph 38, the Special Rapporteur claims, on the basis of those same sources, that "many people in the marshes have no access to the monthly government food ration cards that are normally available to every Iraqi citizen", which begs the question of who these people are. If they are Iraqi, they are naturally included in the ration card system which, as the Special Rapporteur himself says, is available to every Iraqi citizen. If they are non-Iraqis who are not legally resident in Iraq, there is nothing surplus to needs which they can be given. The Special Rapporteur himself knows better than anyone that the ration card does not meet half of the basic food requirements of the Iraqi people. He cites three reasons which preclude those people from having a ration card and which lead us to understand that they are divided into three categories. The first category consists of residents of the marshes who do not have identification cards. We wish to state here that all inhabitants of Iraq, men, women and children, from the farthest north to the farthest south, are issued with personal identification cards without discrimination, a matter which is governed by the Iraqi laws in force. The second category consists of Iraqi families from among whom a member had perpetrated the crime of evading, or deserting from, military service. This is untrue, since there is no law or decree which prohibits such families from obtaining a ration card and there is not a single instance where any Iraqi family has been deprived of a ration card. The third category

consists of those suspected of having taken part in the 1991 uprisings, as well as those who are not aligned with the Iraqi Government, whom the Special Rapporteur takes it upon himself to include more generally in the category of those who are deprived of ration cards. This is pure absurdity; quite simply, it is utterly illogical and unrealistic. If the Special Rapporteur were to refer to the previous replies of the Iraqi Government concerning the amnesty decrees which it issued as soon as the uprisings were over for all those having taken part and the exclusion of such persons from any questioning in connection with their acts (Iraq's third periodic report on implementation of the International Covenant on Civil and Political Rights, CCPR/C/64/Add.6, para. 15), as well as its reply to his allegations (A/46/647, paras. 29-30), he would find it unreasonable and illogical that, four years after the uprisings ended, those persons or their families should be deprived of a ration card, which is the only source of rations. These outrageous claims affirm our previous statements that the Special Rapporteur relies on false and misleading information which he obtains from sources hostile to Iraq and takes as established fact without scrutiny. For further details concerning the reply of the Government of Iraq to the allegations related to this subject and the threatened lifestyle of the inhabitants of the area, as well as to other claims, inter alia, that they are subjected to indiscriminate bombardment and an internal blockade, see document A/49/394, paras. 96-104.

With regard to the allegations concerning the draining of the marshes and the adverse repercussions on the environment, it is sufficient to point out the following facts:

1. The agricultural land distributed among the farming families living within each project according to governorate, the governorates included being Basrah, Maysan, Thi Qar, Muthanna and Qadisiyah, so far amounts to 1,152,849 dunams, of which 52.5 per cent are in the governorate of Basrah, 27.1 per cent in the governorate of Thi Qar, 9.2 per cent in the governorate of Maysan and 7.6 per cent in the governorate of Qadisiyah.

2. Next season, following completion of the above projects, an estimated area of 79,900 dunams is to be cultivated by the farming families who have settled in the areas.

3. The anticipated number of farming families to be included in the distribution of this land in the governorates amounts to 42,133, of which 28 per cent are in the governorate of Basrah, 53.3 per cent in the governorate of Thi Qar, 12.5 per cent in the governorate of Maysan, 3.7 per cent in the governorate of Muthanna and 3.4 per cent in the governnorate of Qadisiyah.

In addition, these rivers and projects will promote the economic, social and cultural revival of the area through:

1. An increase in the areas of reclaimed arable land that can be exploited to expand the cultivation of strategic crops relating to the country's food security, namely rice, wheat, barley, oil crops, fodder crops and vegetables, which will directly help to develop the country's agricultural sector and improve the production of such crops.

2. An improvement in the living conditions of farming families in the area and an increase in their income through exploitation of the land distributed to them.

3. The improvement and development of animal production in the area.

4. The provision of suitable fishing grounds and development of the country's fish resources.

5. The improvement and development of climatic conditions in the area.

6. Settlement of sand dune movement in the area through the cultivation of a cover of vegetation consisting of woodland trees and pasturage.

7. Helping the alleviation or avoidance of risk from the flooding which occurs in the country.

8. The settlement of some nomadic tribes in the area following the provision of a suitable livelihood.

9. The development of education, since there will be residential communities suitable for primary and middle schools to be opened for the families settling in the area.

10. Improvement of the health conditions of the people in the area by establishing health centres in inhabited areas and providing medication and treatment to combat insect-borne diseases and disease organisms.

IV. LEGAL APPLICATIONS OF CRUEL AND UNUSUAL PUNISHMENTS

In this chapter, the Special Rapporteur discusses the recent decrees of Iraq's Revolution Command Council that include punishments for thieves and deserters from, or evaders of, military service. This subject cannot be considered in isolation from the general situation in Iraq due to the economic embargo now imposed on it for over four years, which has produced damaging effects in all spheres and created phenomena alien to our society, which was previously extremely secure and stable. Predominant among these are theft and armed robbery, which seriously endanger the security, property and lives of citizens. In the absence of any deterrent punishments, Iraqi society was therefore threatened with fragmentation and collapse, particularly since the situation reached the point where the Penal Code in force was no longer adequate; even the severest punishment of the death penalty was no longer adequate or a deterrent.

It was these circumstances that prompted the search for deterrent punishments of a purely preventive and protective nature, which will be abolished when the time is appropriate. It should be noted, however, that these punishments - some of which, such as the amputation of a hand, are an application of Islamic law - are applied only in the case of utmost necessity as imposed by certain crimes which, under these harsh circumstances, cannot be neglected. It is not the case, as the Special Rapporteur indicates, that there is "widespread implementation of these decrees" (para. 61 of his report). The Amnesty International report cited by the Special Rapporteur

concerning implementation of the sentence delivered by the Criminal Court of Diyala to amputate the hands of two men who stole carpets (para. 62 of the report) is similarly untrue. This sentence has not been implemented; on 13 November 1994, it was referred by the Court to the President of the Court of Cassation by way of letter 258/C/1994 and was commuted to a sentence of imprisonment. This affirms our previous statement that the aim of prescribing such punishment is preventive. A large fall in the perpetration of crimes to which these punishments apply has been noted, as has the return of deserters to their barracks after living in crime.

V. POLITICAL KILLINGS

In this chapter, the Special Rapporteur claims that, since taking up his mandate in 1991, he has received information on what he calls "political killings", or in other words, pre-planned killings of individuals. He persists in these claims and repeats numerous allegations in that respect.

Paragraph 72 of the report begins by repeating the allegations contained in the first report submitted to the General Assembly by the Special Rapporteur. The Government of Iraq responded to these allegations in detail. (See document A/46/647.)

In section B.1 of this chapter, the Special Rapporteur alleges Iraq's involvement in the killing of Sheikh Talib Al-Suheil Al-Tamimi in Lebanon, even though he is aware that this incident took place in dubious circumstances. The Government of Iraq proposed forming a joint committee from the Iraqi and Lebanese sides to supervise the investigation and identify the circumstances surrounding the incident. The Lebanese side, however, rejected that proposal.

Although he is sure that the Iraqi authorities are not present in the northern region, the Special Rapporteur continues to hold the Iraqi Government responsible for incidents which take place there. Hence, in chapter V, section B.2, of his report, he holds the Government of Iraq responsible for the killing of the German journalist Lissy Schmidt and her Kurdish bodyguard, who were shot on the road between Said Sadiq and the city of Sulaymaniyah in northern Iraq. The journalist had been working in that region for a period of three years as a correspondent for the French news agency Agence France Presse.

While denying its responsibility for incidents occurring in the northern region for the above-mentioned reasons, the Government of Iraq wishes to draw the attention of the Special Rapporteur to the fact that this region is in a state of anarchy and instability under the control of armed Kurdish parties and militias engaged in internecine fighting, as a result of which it is a stage for subversive operations carried out by infiltrators from neighbouring States. The Government of Iraq is then held responsible for such operations, the aim being to sully and discredit its reputation.

According to well-known information circulating in the northern region, this journalist was covering news of the humanitarian activities in the north of Iraq. She had obtained information concerning two arms deals proposed to Turkey by Germany and Russia respectively. After talking about those arms

being used against the Turkish Kurds, she was accused of working for one of the parties in the region. The information circulating indicates that she was detained, tortured and raped inside prison in Turkey and was released only after the intervention of the German authorities. However, she returned to northern Iraq to resume her former activities and was assassinated there. It will therefore be noted that the fingers of accusation are far from pointing to Iraq.

In chapter V, section B.3, the Special Rapporteur holds the Iraqi Government responsible for the death of Mr. Muhammad Taqi Al-Khoei and claims that it has yet to respond to an earlier request that he had made to the Iraqi authorities.

The Government of Iraq categorically denies its responsibility for the accident in question and wishes to draw the attention of the Special Rapporteur to the fact that it has already responded to a request for information on the same subject from the Special Rapporteur on religious intolerance.

There is no harm in us again providing details of the accident and the traffic sketch produced by the competent Iraqi authorities. The inquiry confirmed that, at 1 a.m. on the night of 21-22 July 1994, the Haidariya police station in Najaf governorate was informed of an accident involving a collision between two vehicles near the Najaf tyre factory, 35 km away from Najaf city centre. The first vehicle was a 1989 Toyota Super bearing Najaf private licence plate No. 2 and the second was a Scania truck bearing Arbil licence plate No. 3438. The accident led to the deaths of Muhammad Taqi Abul Qasim Al-Khoei, Nawwaf Askouri Muhammad, Musa Muhammad Ridha al-Khalkhali and the child Muhammad Musa Muhammad Ridha, who were travelling in the first vehicle. The Najaf Police Chief, the Director of the Traffic Department and the officer in charge of investigations proceeded immediately to the scene of the accident. The driver of the second vehicle was not apprehended, having fled to parts unknown from the scene of the accident, which occurred at night when there were no other vehicles or passers-by in the area. An annual vehicle logbook in the name of Aziz Hajji Qadir was found, together with a general driving licence in the name of Hazim Naji Alwan. The report and sketch of the accident site showed that the driver of the first vehicle, the victim Nawwaf Askouri Muhammad, was driving his vehicle at high speed along the road from the governorate of Karbala towards the governorate of Najaf and, due to his poor vision, failed to notice that the second vehicle was turning, thus causing the accident. No brake marks were seen at the accident site, which indicates that he had not noticed the second vehicle in front of him. The district examining magistrate and Mr. Muhsin Abul Qasim Al-Khoei, a relative of the victim Muhammad Taqi Abul Qasim Al-Khoei, also went to the scene of the accident. The bodies were sent to the Department of Forensic Medicine and the examining magistrate issued a warrant for the arrest of the suspected driver of the second vehicle, Hazim Naji Alwan, pursuant to article 25 of the Road Traffic Act. The arrest warrant was circulated, together with a statement that he lives in the governorate of Arbil, where the vehicle is registered and which is inaccessible due to the present conditions there. Measures are still being taken to arrest him and complete the investigation of the case.

In the conclusions reached by the Special Rapporteur at the end of chapter V of his report, he accuses the Government of Iraq of having a long history of terrorist activities, not just within its own territorial jurisdiction, but beyond. He also accuses it of using terrorism as a means of violating freedom of opinion and expression, silencing dissent and suppressing opposition, and of practising repressive acts against the Shiah.

Here, Mr. van der Stoel adheres to his well-known method of addressing matters by relying on misleading press information, undocumented sources, hostile parties and distorted facts, as if that were the sole aim of his task.

We wish to state that these claims are based on no fact or evidence. As we have previously asserted, there is no discrimination against any religious community in Iraq, where freedom of thought and belief and religious rites are practised in complete freedom, as guaranteed under articles 19 and 25 of the Constitution.

We therefore categorically refute this accusation, which slanders and taints the reputation of Iraq. We wish to affirm the importance attached by Iraq to combating terrorism on the basis of the principles governing its policy and its concern to safeguard international stability and security. This principle is reflected in Iraq's national legislation; under article 21, paragraph 5 (a), of the Iraqi Penal Code, terrorist crimes are not regarded as political crimes. On the contrary, instead of being included among those crimes, they are regarded as normal crimes, even if they are politically motivated. The Code specifies penalties for various crimes considered to fall within the category of terrorist crimes, inter alia, crimes that constitute a public danger, such as arson and causing explosions, crimes that undermine State security and crimes that infringe upon the safety of transport and communications.

Iraqi legislation also attaches importance to addressing the causes of terrorism and to means of protecting the citizen against falling into any practice that could be regarded as terrorism. In the past few years, various decrees and measures have been promulgated that are based on the Iraqi Constitution, particularly in regard to the guarantee of the fundamental rights of citizens without distinction on grounds of race, origin or religion, as well as the rights of national minorities and the freedom of religion and belief. All such decrees and measures are aimed at helping to combat terrorism according to the recommendations and resolutions of the United Nations and the principles of international law.

In the international field, Iraq has repeatedly affirmed before the General Assembly and other international gatherings the need to arrive at a specific definition of terrorism, determine its scope and focus on the need to investigate the underlying causes of the worsening problem of international terrorism before searching for the measures which should be taken to combat it.

It is worth mentioning that Iraq has ratified various conventions adopted by the General Assembly or its organizations related to dealing with different aspects of the problem of international terrorism. Iraq has also maintained its position on this subject, affirming the need to stipulate explicitly that

the measures taken to combat terrorism should in no way jeopardize the fundamental principles of human rights. Furthermore, it condemned on principle terrorist acts in general. Document A/48/267 details the position of the Government of Iraq on this subject.

In this connection, we wish to draw the attention of the Special Rapporteur to the fact that terrorism has been used against Iraq on several occasions, specific agencies having targeted and killed a number of Iraqi atomic scientists. The Government of Iraq refused to carry out similar acts of retaliation in the belief that terrorism is not a valid means of dealing with the political matters of life.

VI. THE RIGHTS TO FOOD AND HEALTH

In this chapter, the Special Rapporteur "assesses" Iraq's compliance with its obligations to respect the rights to food and health pursuant to the International Covenant on Economic, Social and Cultural Rights. He acknowledges that the situation in Iraq continues to deteriorate and that the effects of the sanctions placed on Iraq are of evident relevance to the situation of economic rights generally in Iraq. He also adds that "in the absence of the Government of Iraq's agreement to station human rights monitors throughout Iraq, the Special Rapporteur has no independent means of measuring or assessing the statistical reports communicated to him".

In this connection, we wish to draw to the attention of the Special Rapporteur, as we have already done on several occasions, that the Government of Iraq is fulfilling its responsibilities and obligations pursuant to articles 11 and 12 of the International Covenant on Economic, Social and Cultural Rights, a matter which does not require assessment by the Special Rapporteur. Similarly, the suffering of the people of Iraq due to the unjust embargo does not require human rights monitors to assess the accuracy of statistical reports submitted in that regard, since those reports are submitted not only by the Government of Iraq, but also in United Nations organizations and missions. We cite as examples the report of the representative of the Secretary-General, Prince Sadruddin Aga Khan, the report of Mr. Martti Ahtisaari, the report of the Food and Agriculture Organization of the United Nations, and the report of the United Nations Children's Fund contained in documents S/22799 and S/22366 and warning No. 237 (1993).

In paragraph 91 of his report, the Special Rapporteur states that Security Council resolution 661 (1990) exempts medication and foodstuffs from the embargo. He forgets, however, that the embargo imposed on the sale of oil has deprived Iraq of its main revenue that would enable it to purchase such items. The freezing of Iraq's foreign bank reserves has likewise deprived Iraq of any financial resources that would enable it to make the necessary payments to purchase its needs in foodstuffs and medication, so that this exemption is of no practical use whatsoever.

On another note, the Special Rapporteur reproaches Iraq for not accepting the United Nations-supervised sale of oil under Security Council resolutions 706 (1991) and 712 (1991), "thereby depriving the Iraqi people of the benefits of that significant resource".

In that respect, we wish to point out that, in addition to the information provided in our replies contained in documents A/49/394 and A/48/875 on the subject, a fair and objective study of the measures adopted under those two resolutions leads to the conclusion that they embody a political approach aimed at undermining Iraq's sovereignty, interfering in its internal affairs, dividing its people on a racial and sectarian basis and failing to ensure the humanitarian needs of the people of Iraq. Despite the timely efforts made by the Government of Iraq during talks with the General Secretariat at Vienna and New York aimed at reaching a sound and acceptable means of ensuring the humanitarian needs of the people of Iraq, they failed to achieve a satisfactory solution and remove the objectives of the political approach imposed under pressure from the United States.

It is noteworthy that the oil and banking experts who were members of the United Nations delegation confirmed that the measures adopted under the two aforesaid resolutions are not recognized in the oil and banking world. No less than 30 procedural steps are required, for instance, to sign a contract for oil export. Moreover, any simple contract to import foodstuffs or medication requires no less than 20 bureaucratic steps for the items included therein to reach Iraq, to say nothing of the monitoring procedures to be carried out by hundreds of United Nations monitors from the time when those items enter Iraqi borders until they reach the consumer.

Agreement to United Nations supervision and monitoring of the sale of oil deprives the Iraqi people of its legitimate right provided for under article 1, paragraph 2, of both the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights. It may also continue indefinitely to depend on the pressure and whims of the Powers dominating the Security Council.

In that connection, we would like to question the Special Rapporteur's insistence that "in order to end the suffering of the people of Iraq, the Government of Iraq should act to take advantage of Security Council resolutions 706 (1991) and 712 (1991)", when at the same time he disregards Iraq's compliance with and implementation of the remaining Security Council resolutions whereby it is assumed that the Security Council will fulfil its obligation by permitting the export of Iraqi products and commodities, including oil, thus finally ending the suffering of the Iraqi people. Just like the States that are implementing their political schemes, the Special Rapporteur speaks of these resolutions, not in their legal and technical sense, but in the context of shuffling cards and confusing the situation in the Security Council.

In paragraph 92 of the report, Mr. van der Stoel reiterates the same claims concerning the imposition of an internal blockade in the north and the practice of discrimination on a regional basis, to which we need only respond by referring to our earlier replies contained in documents A/49/394 and A/48/875.

In paragraph 93, the Special Rapporteur discusses the decision of the Government of Iraq to reduce the subsidized food ration. He also refers to a

report of the United Nations Children's Fund, published in October 1994, entitled "Impact of the reduction in food ration on the most vulnerable children and women".

The Government of Iraq provides every citizen with a set ration of basic foodstuffs. That ration, however, does not meet the basic nutritional requirement of the individual. The Government of Iraq reduced the ration for reasons of force majeure in view of the extremely short food supply and the inability to make up the shortage due to the embargo and its effects, as well as the lack of hard currency and insufficient agricultural production, also due to the embargo. Most citizens, who are prevented by the high prices from buying the food items they lack, therefore suffer from malnutrition.

The Special Rapporteur also alleges that certain groups remain privileged in comparison with others, e.g. the military and Baath Party elite. This allegation is false and is pure fabrication; ever since the embargo was first imposed, the Government of Iraq has endeavoured under the ration card system to distribute rations equally among all inhabitants without discrimination of any sort.

The Special Rapporteur states in his conclusions contained in section C of this chapter that "human rights are indivisible and inalienable" and that "they attach to every person". The Government of Iraq affirms its attachment to and unqualified belief in such noble principles, and wishes that such principles were not restricted to slogans and that the suffering of its people were not a matter of bidding and dealing in the name of human rights.

VII. RECOMMENDATIONS

The allegations repeated by the Special Rapporteur resulted in the recommendations made at the end of his report. Naturally, these recommendations are also inaccurate and unobjective, for whatever is based on sham is inevitably also sham. In their regard, however, we wish to make the following observations:

1. Subparagraphs (a), (b), (c), (d), (e) and (f) are beyond the mandate of the Special Rapporteur and are the jurisdiction of ICRC, with which Iraq is cooperating fully. We see no justification for the Special Rapporteur to involve himself in this subject; his mandate does not include it and moreover, it is being carefully studied by the competent international body in cooperation with the relevant parties. Great progress has been made towards reaching a solution.

2. Subparagraphs (g) and (h) are also beyond the mandate of the Special Rapporteur, since they are within the jurisdiction of the Compensation Commission which operates in accordance with Security Council resolution 687 (1991). This Commission undertakes its work without waiting for a recommendation from the Special Rapporteur.

3. The recommendation contained in subparagraph (i) concerning the halting of draining operations in the south of Iraq is incompatible with the principle of the right to development and the right of peoples to dispose of their natural resources. Moreover, it is the duty of the State to draw up national

development policies aimed at constantly improving the prosperity of the entire population. The drainage projects which Iraq is undertaking are central to this subject.

4. As to the recommendation concerning the recent decrees of the Revolution Command Council in Iraq comprising punishments for thieves and deserters from, or evaders of, military service, these decrees were, as mentioned earlier, imposed by the difficult circumstances created by the continued economic embargo against Iraq. They will naturally be reviewed when the situation improves without awaiting a recommendation from the Special Rapporteur in that respect.

5. The recommendations contained in subparagraphs (k) and (l) are based on false allegations and are consequently rejected.

6. With regard to the recommendation contained in paragraph (m) concerning application of Security Council resolutions 706 (1991) and 712 (1991), the Iraqi delegation has already stated its position. Their implementation mechanisms as they stand are complicated and undermine sovereignty. They also have the extremely serious objective of dividing Iraq on a racial and sectarian basis.

7. We completely reject the recommendation contained in paragraph (n) concerning the stationing of human rights monitors throughout Iraq, as do all peoples of the third world who suffered from imperialism, since it undermines sovereignty and independence and takes us back to the days of imperialist control which we long fought to purge.